



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | |
|---|--------------------------|--------------------------------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number | Report Filed By (Mark X) | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Millcreek Democratic Committee | | | | | |
| Street Address | | 1526 High St. | | | | | |
| City | ERIE | State | PA | Zip Code | 16509 | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|--|---|--------------------------|-------------------------------------|---|------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | Year | | Amendment Report | | Termination Report | | |
| | | 2017 | | <input type="checkbox"/> | | <input type="checkbox"/> | | |

| | | | |
|--|------------|------------|--|
| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only 2018 JAN 31 PM 3:49 |
| | 01-01-2017 | 12-31-2017 | |
| A. Amount Brought Forward From Last Report | \$ | 3,114.46 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 2,035.00 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 5,149.46 | |
| D. Total Expenditures (From Schedule III) | \$ | 2,862.30 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 2,287.16 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | |

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

31 day of JANUARY 20 18

Nancy J. Kowalski
SignatureAlice E. Niebauer
Signature of Person Submitting report
Alice E. Niebauer
Printed NameMy Commission expires 6 16 2019
MO. DAY YR.814
Area Code864-9474
Daytime Telephone NumberPart II- **COMMONWEALTH OF PENNSYLVANIA**
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.Nancy J. Kowalski, Notary Public
City of Erie, Erie County
My Commission Expires June 16, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIESSworn to and subscribed before me this
day of 20
Signature

Signature of Candidate

Printed Name

My Commission expires
MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | |
|-----------------------------|--------------------------------|
| Filer Identification Number | millcreek Democratic Committee |
|-----------------------------|--------------------------------|

| |
|---|
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor |
|---|

| | | |
|------------------------------------|----|----------|
| Total for the reporting period (1) | \$ | 1,145.00 |
|------------------------------------|----|----------|

| |
|---|
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) |
|---|

| | | |
|---|----|--------|
| Contributions Received from Political Committees (Part A) | \$ | 460.00 |
| All Other Contributions (Part B) | \$ | 230.00 |
| Total for the reporting period (2) | \$ | 690.00 |

| |
|--|
| 3. Contributions Over \$250.00 (From Part C and Part D) |
|--|

| | | |
|---|----|---|
| Contributions Received from Political Committees (Part C) | \$ | 0 |
| All Other Contributions (Part D) | \$ | 0 |
| Total for the reporting period (3) | \$ | 0 |

| |
|--|
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) |
|--|

| | | |
|--|----|--------|
| Total for the reporting period (4) | \$ | 200.00 |
| Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B) | | \$ |

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

| Filer Identification Number | | | | | | | Amount | |
|-------------------------------------|------|------------------------------------|----|-----------------------|-------------------|-------------------|--------|--|
| Millcreek Democratic Committee | | | | | | | | |
| Full Name of Contributing Committee | | Committee to Elect John Carlson | | | Date [MM/DD/YYYY] | \$ | 70.00 | |
| House # | 2525 | Street Address | | W. 26th St, Suite 200 | Date [MM/DD/YYYY] | \$ | | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | Committee to Elect Sean Calhoun | | | Date [MM/DD/YYYY] | \$ | 70.00 | |
| House # | 3607 | Street Address | | Bon View Dr. | Date [MM/DD/YYYY] | \$ | | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | Friends of Brian McGrath Committee | | | Date [MM/DD/YYYY] | \$ | 80.00 | |
| House # | 4008 | Street Address | | Commodore | Date [MM/DD/YYYY] | \$ | | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | Committee to Elect Kathy Fatica | | | Date [MM/DD/YYYY] | \$ | 240.00 | |
| House # | 4623 | Street Address | | Southern Dr. | Date [MM/DD/YYYY] | \$ | | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|------------------------------|--------------------------------|
| Filer Identification Number: | Millcreek Democratic Committee |
|------------------------------|--------------------------------|

| | | | | | | |
|--------------------------|------|----------------|---------------------|-------------------|-------|-------|
| Full Name of Contributor | | Jessie Rathbun | | Date [MM/DD/YYYY] | \$ | 70.00 |
| House # | 161 | Street Address | S. Oak Ridge Circle | Date [MM/DD/YYYY] | \$ | 80.00 |
| City | Erie | State | PA | Zip Code | 16509 | |
| Full Name of Contributor | | Ronald Diehl | | Date [MM/DD/YYYY] | \$ | 80.00 |
| House # | 214 | Street Address | Roslyn Dr | Date [MM/DD/YYYY] | \$ | |
| City | Erie | State | PA | Zip Code | 16505 | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | |

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

| | |
|------------------------------|--------------------------------|
| Filer Identification Number: | Millcreek Democratic Committee |
|------------------------------|--------------------------------|

| | | | | | | |
|-------------------------------------|----------------|-------|----------|-------------------|----|---|
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | 0 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | 0 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | 0 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | 0 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | 0 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | 0 |
| | | | | | | |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

| | |
|------------------------------|---------------------------------|
| Filer Identification Number: | Millcreek Democratic Committees |
|------------------------------|---------------------------------|

| | | | | | | | | |
|---|--|-------|--|----------|-------------------|-------------------|-------------------|---|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | 0 |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | 0 | |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | 0 |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | 0 | |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | 0 |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | 0 | |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | 0 |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | 0 | |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| | |
|------------------------------|--------------------------------|
| Filer Identification Number: | Millcreek Democratic Committee |
|------------------------------|--------------------------------|

| | | | | | | | |
|---------------------|------|--------------------------------|----|---------------------------|-------|-------------------|-----------|
| Full Name | | Millcreek Township Supervisors | | | | | |
| House # | 3608 | Street Address | | West 26 th St. | | | |
| City | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | \$ 200.00 |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | | Street Address | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Filer Identification Number: <u>Milkcreek Democratic Committee</u> | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|-----------------------------|--|--|--|--|-------------------|--|-------------------|-------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | \$ | 0 |
| City | | | | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description of Contribution | | | | | | | | | |

| | | | | | | | | | |
|-----------------------------|--|--|--|--|-------------------|--|-------------------|-------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | \$ | 0 |
| City | | | | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description of Contribution | | | | | | | | | |

| | | | | | | | | | |
|-----------------------------|--|--|--|--|-------------------|--|-------------------|-------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | \$ | 0 |
| City | | | | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description of Contribution | | | | | | | | | |

| | | | | | | | | | |
|-----------------------------|--|--|--|--|-------------------|--|-------------------|-------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | \$ | 0 |
| City | | | | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description of Contribution | | | | | | | | | |

| | | | | | | | | | |
|-----------------------------|--|--|--|--|-------------------|--|-------------------|-------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | \$ | 0 |
| City | | | | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description of Contribution | | | | | | | | | |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

| | |
|------------------------------|--------------------------------|
| Filer Identification Number: | Millcreek Democratic Committee |
|------------------------------|--------------------------------|

| | | |
|--|-----|---|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ 0 |

| | | |
|---|-----|---|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | \$ 0 |

| | | |
|---|-----|---|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ 0 |

| | | |
|---|--|---|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F) | | \$ 0 |
|---|--|---|

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

| | |
|------------------------------|--------------------------------|
| Filer Identification Number: | Millcreek Democratic Committee |
|------------------------------|--------------------------------|

| | | | | | | | | |
|--|--|--|--|--|-----------------------------|--|-------------------|---|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | 0 |
| City | | | | | State | | Zip Code | 0 |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | 0 |
| City | | | | | State | | Zip Code | 0 |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | 0 |
| City | | | | | State | | Zip Code | 0 |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 0 |
| House # | | | | | Street Address | | Date [MM/DD/YYYY] | 0 |
| City | | | | | State | | Zip Code | 0 |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |

SCHEDULE III
Statement of Expenditures

| | |
|------------------------------|--------------------------------|
| Filer Identification Number: | Millcreek Democratic Committee |
|------------------------------|--------------------------------|

| | | | | | | | |
|--------------|--------------|--------------------------------|----|---------------|-------------------|--|--------|
| To Whom Paid | | Shriners Hospital for Children | | | Date [MM/DD/YYYY] | \$ | 50.00 |
| House # | 3551 | Street Address | | N. Broad St. | | Description of Expenditure | |
| City | Philadelphia | State | PA | Zip Code | 19140 | Memorial | |
| To Whom Paid | | Erie Co. Democratic Comm. | | | Date [MM/DD/YYYY] | \$ | 730.00 |
| House # | | Street Address | | P.O. Box 1184 | | Description of Expenditure | |
| City | Erie | State | PA | Zip Code | 16512 | Spring Dinner | |
| To Whom Paid | | Printing Concepts | | | Date [MM/DD/YYYY] | \$ | 816.55 |
| House # | 4982 | Street Address | | Pacific Ave. | | Description of Expenditure | |
| City | Erie | State | PA | Zip Code | 16509 | post card printing Unpaid Debt Pd in Full | |
| To Whom Paid | | Millcreek Township Supervisors | | | Date [MM/DD/YYYY] | \$ | 370.00 |
| House # | 3608 | Street Address | | West 26th St. | | Description of Expenditure | |
| City | Erie | State | PA | Zip Code | 16506 | Picnic Pavilion Rental | |
| To Whom Paid | | Ringside Restaurant | | | Date [MM/DD/YYYY] | \$ | 410.75 |
| House # | 3202 | Street Address | | Sterrettania | | Description of Expenditure | |
| City | Erie | State | PA | Zip Code | 16506 | Catering - Picnic | |
| To Whom Paid | | Erie Co. Democratic Comm. | | | Date [MM/DD/YYYY] | \$ | 485.00 |
| House # | | Street Address | | P.O. Box 1184 | | Description of Expenditure | |
| City | Erie | State | PA | Zip Code | 16512 | Beef'n' Ballots Dinner | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | | Description of Expenditure | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | | Description of Expenditure | |
| City | | State | | Zip Code | | | |

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| | |
|------------------------------|--------------------------------|
| Filer Identification Number: | Millcreek Democratic Committee |
|------------------------------|--------------------------------|

| | | | | | | | |
|---------------------|--|----------------|--|------------------------------------|--|-----------------------------|---|
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 0 |
| | | | | | | | |
| City | | State | | Zip Code | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 0 |
| | | | | | | | |
| City | | State | | Zip Code | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 0 |
| | | | | | | | |
| City | | State | | Zip Code | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 0 |
| | | | | | | | |
| City | | State | | Zip Code | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 0 |
| | | | | | | | |
| City | | State | | Zip Code | | | |
| Description of Debt | | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 0 |
| | | | | | | | |
| City | | State | | Zip Code | | | |
| Description of Debt | | | | | | | |